UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUES FOR PATENT FEE REFUND								
1 Date of Request: 2 Serial/Patent #								
3 Please refund the following fee(s):		4 PAI	PER MBER	5 DA	TE LLED	6 AMOUNT		
γ	Filing						\$ 50	
	Amendment						\$	
	Extension of Time						\$	
	Notice of Appeal/Appeal						\$	
	Petition						\$	
	Issue	•					\$	
	Cert of Correction/Terminal Disc.						\$	
	Maintenance						\$	
	Assignment						\$	
	Other						\$	
		7 TOTAL AMOUNT OF REFUND			r	\$ 50		
			8 TO BE REFUNDED BY:					
10 REASON:			Treasury Check					
\mathcal{M}	Overpayment Le Cole (Many			Credit Deposit A/C #:				
	Duplicate Payment	0		9				
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME:			TITLE:					
SIGNATURE:			PHONE:					
OFFICE:								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B